

LTC Scope and Severity Grid/ Batch Groups/ Deficiency Categorization

LTC Scope and Severity Grid			
Level 4	J	K	L
Level 3	G	H	I
Level 2	D	E	F (w/ SQC)
			F (no SQC)
Level 1	A	B	C
	<i>Isolated</i>	<i>Pattern</i>	<i>Widespread</i>
	Substantial Compliance		Not In Substantial Compliance
	A,B,C		J,K,L G,H,I F with SQC D,E,F (no SQC)

Substandard Quality of Care (SQC)

Scope/severity of F, H, I, J, K, L in one of the following regulatory groupings:
 42 CFR 483.13 Resident Behavior & Facility Practices (Data Entry Tags F221-F226)
 42 CFR 483.15 Quality of Life (Data Entry Tags F240-F258)
 42 CFR 482.25 Quality of Care (Data Entry Tags F309-F333)

Immediate Jeopardy

Scope/severity of J, K, L

For Scope/Severity clarification, see "Deficiency Categorization"

**Health Care Financing Administration – State Operations Manual
Appendix P – Survey Procedures for Long Term Care Facilities**

DEFICIENCY CATEGORIZATION

B. Guidance on Severity Levels – There are four severity levels: Level 1, no actual harm with potential for minimal harm; Level 2, no actual harm with potential for more than minimal harm that is not immediate jeopardy; Level 3, actual harm that is not immediate jeopardy; Level 4, immediate jeopardy to resident health or safety. These four levels are defined accordingly:

1. Level 1 is a deficiency that has the potential for causing no more than a minor negative impact on the resident(s).
2. Level 2 is noncompliance that results in no more than minimal physical, mental and/or psychosocial discomfort to the resident and/or has the potential (not yet realized) to compromise the resident's ability to maintain and/or reach his/her highest practicable physical, mental and/or psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services.
3. Level 3 is noncompliance that results in a negative outcome that has compromised the resident's ability to maintain and/or reach his/her highest practicable physical, mental and psychosocial well-being as defined by an accurate and comprehensive resident assessment, plan of care, and provision of services. This does not include a deficient practice that only could or has caused limited consequence to the resident.
4. Level 4 is immediate jeopardy, a situation in which immediate corrective action is necessary because the facility's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident receiving care in a facility. (See Appendix Q).

C. Guidance on Scope Levels – Scope has three levels: isolated; pattern; and widespread. The scope levels are defined accordingly:

- Scope is isolated when one or a very limited number of residents are affected and/or one or a very limited number of staff are involved, and/or the situation has occurred only occasionally or in a very limited number of locations.
- Scope is a pattern when more than a very limited number of residents are affected, and/or more than a very limited number of staff are involved, and/or the situation has occurred in a several locations, and/or the same resident(s) have been affected by repeated occurrences of the same deficient practice. The effect of the deficient practice is not found to be pervasive throughout the facility.
- Scope is widespread when the problems causing the deficiencies are pervasive in the facility and/or represent systemic failure that affected or has the potential to affect a large portion or all of the facility's residents. Widespread scope refers to the entire facility population, not a subset of residents or one unit of a facility. In addition, widespread scope may be identified if a systemic failure in the facility (e.g., failure to maintain food at safe temperatures) would be likely to affect a large number of residents and is, therefore, pervasive in the facility.

D. General Procedures – After the team makes a decision to cite a deficiency(ies), evaluate the deficient practices impact on the resident(s) and the prevalence of the deficient practice. Review deficiency statements, worksheets, and results of team discussions for evidence on which to base these determinations. The team may base evidence of the impact or prevalence for residents of the deficient practices on record reviews, interviews and/or observations. Whatever the source the evidence must be credible.

After determining the severity level of a deficient practice, determine scope. When determining scope, evaluate the cause of the deficiency. If the facility lacks a systems/policy (or has an inadequate system) to meet the requirements and this failure has the potential to affect a large number of residents in the facility, then the deficient practice is likely to be widespread. If an adequate system/policy is in place but is being inadequately implemented in certain instance, or if there is an inadequate system with the potential to impact only a subset of the facility's population then the deficient practice is likely to be pattern. If the deficiency affects or has the potential to affect one or a very limited number of residents, then the scope is isolated.